



Eugene Fire & Emergency Medical Services Rider Background Check Form

Dear Observer:

The Eugene Fire & EMS Department requires a computer background check on any person who desires to ride as an observer on a medic unit or fire apparatus. The background check will be completed by the City of Eugene and results will be kept strictly confidential within the Fire & EMS Department.

If you refuse this background check, you will be unable to ride on any City of Eugene medic units or fire apparatus.

Please provide the information requested below and return this form to:

City of Eugene
Fire & EMS Department
1705 W. 2nd Avenue
Eugene, Oregon 97402

Full Name: _____ Date of Birth: _____

All other names I have ever used (e.g., maiden name):

Social Security Number: _____ Sex: _____

Daytime Phone: _____

Mailing Address: _____

Reason for wanting to ride with Eugene Fire & EMS: _____

I hereby authorize the Eugene Department of Public Safety to access information regarding my criminal record. I release the City and its agents from any liability related to this access.

Signature: _____ Date: _____

Office Use Only

Background check run by: _____ Date: _____ Pass: _____ Fail: _____

Date sent to EPD: _____

Station/Apparatus: _____

Date received from EPD: _____

Date/Time: _____

Gave rider verbal rules and scheduled: _____

Notified Medic and/or DC, Cpt, Lt: _____

Scheduled on E-log: _____

Sent rider rules & release form: _____